

ATLANTA POLICE DEPARTMENT PURSUIT REPORT

1. Reporting Zone	2. Incident Number	3. Date of Pursuit	4. Beginning time of pursuit	5. Ending time of pursuit
6. Starting (Entry) point of pursuit in zone or city (location)			7. Ending (exit) point of pursuit in zone or city (location)	
8. Total distance of pursuit		9. Did your unit / zone initiate the pursuit? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Unit number of the on-duty zone / watch commander
11. Name - Primary Officer		12. Age - Primary Officer <input type="checkbox"/> 21 - 25 <input type="checkbox"/> 26 - 30 <input type="checkbox"/> 30 - 40 <input type="checkbox"/> + 40		13. Years of Service - Primary Officer <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 - 3 Years <input type="checkbox"/> 4 - 10 Years <input type="checkbox"/> + 10 Years
14. Unit #s and Unique ID #s of all zone members directly involved in the pursuit:		15. Unit #s and Unique ID #s of all officers responding or indirectly involved in the pursuit:		16. Supervisory involvement in pursuit <input type="checkbox"/> Participated in pursuit <input type="checkbox"/> Via radio communication <input type="checkbox"/> Via telephone <input type="checkbox"/> No involvement
17. Was driver apprehended? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Gender of Suspect <input type="checkbox"/> Male <input type="checkbox"/> Female		19. Race of Suspect <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian
20. Age of Suspect Driver <input type="checkbox"/> 21 - 25 <input type="checkbox"/> 26 - 30 <input type="checkbox"/> 30 - 40 <input type="checkbox"/> + 40		21. How many passengers were in the suspects vehicle?		22. List the age of each passenger in suspect's vehicle:
23. What evasive maneuvers did the suspect use during the pursuit? <input type="checkbox"/> Exceeded speed limit <input type="checkbox"/> Wrong side of roadway <input type="checkbox"/> Improper backing <input type="checkbox"/> U-Turn(s) <input type="checkbox"/> Swerved from side to side <input type="checkbox"/> Wrong way on one way street <input type="checkbox"/> Disregarded stop signs/traffic lights <input type="checkbox"/> Improper passing <input type="checkbox"/> Struck fixed objects / other vehicles <input type="checkbox"/> Drove on surfaces other than roadway <input type="checkbox"/> Drove vehicle without lights at night			24. What happened after the termination of the pursuit? (check all that apply) <input type="checkbox"/> Suspect arrested from vehicle <input type="checkbox"/> Suspect arrested after foot pursuit <input type="checkbox"/> Suspect eluded police in vehicle <input type="checkbox"/> Suspect eluded police on foot <input type="checkbox"/> Suspect voluntarily stopped <input type="checkbox"/> Pursuit terminated by police & suspect eluded arrest <input type="checkbox"/> Police vehicle became disabled <input type="checkbox"/> Suspect's vehicle involved in collision <input type="checkbox"/> Police vehicle involved in collision <input type="checkbox"/> Suspect's vehicle became disabled <input type="checkbox"/> Forcible stop (describe force used)	
25. What was the original criminal violation that justified the pursuit? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> City Code Code Section Number: Criminal Charge:			26. The most serious criminal violation the suspect was charged with? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> City Code Code Section Number: Criminal Charge:	
27. Injury to officer(s)? Y / N <input type="checkbox"/> During Pursuit <input type="checkbox"/> After Pursuit Describe:			28. Injury to suspect(s)? Y / N <input type="checkbox"/> During Pursuit <input type="checkbox"/> After Pursuit Describe:	
29. Injury to passenger(s)? Y / N <input type="checkbox"/> During Pursuit <input type="checkbox"/> After Pursuit Describe:			30. Injury to 3rd party citizen? Y / N <input type="checkbox"/> During Pursuit <input type="checkbox"/> After Pursuit Describe:	

23. List any other law enforcement agencies involved in the pursuit: 1.					
2.					
3.					
23a. Number of units from each agency involved in the pursuit: 1.					
2.					
3.					
24. Was a request made to the radio dispatcher to notify adjacent and/or concurrent law enforcement agencies? <input type="checkbox"/>					
Yes <input type="checkbox"/> No					
25. Was an air unit requested? <input type="checkbox"/> Yes <input type="checkbox"/> No			26. What air unit was involved in the pursuit? <input type="checkbox"/> APD <input type="checkbox"/> Other If other, list agency.		
27. What was the unit number of the air unit?		28. Maximum speed (approximate) of suspect's vehicle during the pursuit?			
29. Average speed (approximate) of suspect's vehicle during the pursuit?			30. Traffic conditions: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No Traffic		
31. Type of roadway (check all that apply) <input type="checkbox"/> Interstate highway <input type="checkbox"/> City street <input type="checkbox"/> State road <input type="checkbox"/> Gravel/unimproved roadway <input type="checkbox"/> County road <input type="checkbox"/> Off roadway <input type="checkbox"/> Other (list):			32. Roadway conditions <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Ice / Snow <input type="checkbox"/> Other (list):		33. Light conditions <input type="checkbox"/> Dark <input type="checkbox"/> Dawn (sun rising) <input type="checkbox"/> Daylight / sun <input type="checkbox"/> Daylight / overcast <input type="checkbox"/> Dusk (sun setting)
34. Specific type of vehicle driven by suspect(s): Year: Make: Model:					
35. General type of vehicle driven by the suspect(s): <input type="checkbox"/> Automobile <input type="checkbox"/> Pick-up truck <input type="checkbox"/> Van <input type="checkbox"/> Sport utility vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tractor / trailer <input type="checkbox"/> Other (list):			36. Type of vehicle driven by primary officer: <input type="checkbox"/> Marked patrol car <input type="checkbox"/> Unmarked patrol car <input type="checkbox"/> Unmarked investigator car <input type="checkbox"/> Undercover car <input type="checkbox"/> Mini-motor <input type="checkbox"/> <input type="checkbox"/> Motorcycle <input type="checkbox"/> Wagon / Van		
37. Was an incident report completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			38. Was an accident report completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
37a. If yes, what is the incident number?			38a. If yes, what is the street location used on the accident report?		
39. NARRATIVE / REMARKS: Narrative description of pursuit. Also include any information you were unable to include in the above listed blocks.					
Did the officer pull in Code 17-F? Yes <input type="checkbox"/> No <input type="checkbox"/> If Code 17 was not the disposition, then why?					

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40. Name of reporting Supervisor 40a. <input type="checkbox"/> Supervisor confirmed that proper pull in code was used.	41. Signature of reporting Supervisor
42. Name of on-duty Watch Commander	43. Signature of on-duty Watch Commander
44. Name of Section Commander	45. Signature of Section Commander
* The Central Records Unit will receive all Original Pursuit Reports and distribute as follows: COPY -Appropriate Division Commander COPY -Appropriate Section Commander COPY - Office of Professional Standards COPY - Training Section COPY - Planning & Research /Accreditation Unit	